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Incidental Appendectomy

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detriment to health and when less extreme remedies are not reasonably available. The patient's consent should be had; and both pa-

tient and doctor should sincerely wish to remove the pathology and not merely seek an excuse for a contraceptive measure.



INCIDENTAL APPENDECTOMY

Question: In many places it seems to be routine procedure to remove even an apparently healthy appendix during the course of an abdominal operation for some other purpose. Is this practice morally justifiable?

In order to be sure of the medical aspects of this question, I consulted a number of doctors who had been trained in different medical schools and whose internships and residencies represented a wide variety of places and hospitals. All these doctors seemed to think that the practice referred to is rather general; and all believed it to be in accord with sound medical principles. As one of them expressed it in writing to me:

"To the best of our knowledge the appendix serves no worthwhile purpose in the human digestive system and, as at any time it may flare up and cause serious trouble, even to the death of the individual, it is considered good practice to remove the appendix when other operations are in process, provided it does not add to the risk for the patient. If a patient was in an unsatisfactory condition it would not be advisable to prolong the operation to remove the appendix. However, in pelvic or gall bladder operations in which the patient is getting along very satisfactorily, it is considered here a routine process and is looked upon as an incidental appendectomy."

That, I think, very aptly expresses the view of all the doctors I consulted. In fact, all seemed to be surprised that the procedure might present a moral problem.

There may be some doctors who question the practice of incidental appendectomy, even on medical grounds; but the information thus far presented to me certainly indicates that most medical men would approve of the procedure. And surely the ordinary layman who reads the statement quoted above would be apt to form a spontaneous judgment of approval. Like the doctors, the layman would be surprised at even the suggestion that the procedure presents a moral problem.

But there is a moral problem. And I believe that the problem may fairly be stated in this manner: can the spontaneous approval of incidental appendectomy be formulated in terms of sound moral principles?

Mutilation

The moral principle to be applied to this case is that which concerns justifiable mutilation. By mutilation I mean any procedure which interferes with the natural integrity of the human body, for example, by removing a part, or by suppressing a function, or even by disfiguring the body. Obviously, there are degrees of mutilation; some are of graver import than others. Some theologians express this idea by dividing mutilations into *major* and *minor*; others speak of mutilations *in the strict sense* and *in the wide sense*; and still others distinguish *real mutilations* (by which they mean the removal of a part or the suppression of a function) from *mere woundings* (by which they refer

to such things as lacerations and — it seems — blood transfusions and skin grafts). For practical purposes we can ignore all these divisions and adhere to a general notion of mutilation, which includes all the subdivisions.

The moral principle which governs the licitness and illicitness of mutilations is arrived at in this manner. God gives man his body, with its organs and functions, for a purpose. Man has a right to use and dispose of his members and functions in accordance with this purpose; he has no right to use them or dispose of them in such a way as to defeat the purpose. In general, all the members and (with some reservation with regard to the reproductive faculty) the functions are intended to promote the physical well-being of the body as a whole; they are, in other words, parts of a whole and naturally subordinated to the good of the whole. It follows, therefore, that if circumstances are such that one part of the body is detrimental to health, man has the natural right to try to remedy this condition even to the extent of having the part removed or its function suppressed, if necessary. It is not necessary that the part to be removed be diseased; it suffices that the presence of the part constitutes a threat to life or health, and that the removal of this particular part or the suppression of its function is the most reasonable means, all things considered, of removing the threat.

Most of the points in the foregoing analysis have been explained rather fully in preceding articles in this column. What I wish to emphasize at present is that, since mutilations vary in degree, the reasons justifying them must also vary. The cure of a slight illness or the avoidance of a slight danger may justify a slight mutilation; whereas the removal of an im-

portant part or the suppression of an important function requires a very serious reason. In other words, mutilations are justifiable for *proportionate* reasons that concern the preservation or restoration of health. In the words of Father Francis J. Connell, C.S.S.R.: "The mutilation or excision of a part of the body is permitted only when there is certainty or probability that benefit will thereby come to the whole body in sufficient measure to compensate for the harm that has been done." (See "Surgery for the Healthy," in the *American Ecclesiastical Review*, CXVI, 143-44.)

In every justifiable mutilation, therefore, there must be at least the probability of some proportionate benefit. In many surgical and medical procedures this would be the only principle to be taken into account. However, in procedures that are apt to induce sterility, as well as in procedures that involve danger for an unborn child, we must consider not only the proportionate reason but also all the other conditions contained in the principle of the double effect. (See *Hospital Progress*, XXIX, 363-64.)

Moral Justification

We have now cleared the ground for a consideration of the morality of incidental appendectomy. Let me enumerate, with some repetition, the factors that must be considered in making our moral estimate:

The appendix, though apparently healthy, seems to be of little or no worth to its possessor. The abdomen is already open for another purpose; hence there is no question here of making a special incision. The removal of the appendix will add no risk for the patient and no inconvenience in convalescence. (And I have been told that it involves no added expense.) Finally, the danger of a

future flare-up of the appendix, with the necessity of a new opening of the abdomen and even with risk of life, is prevented. (In the article previously referred to, Father Francis Connell says that statistics show that one out of five Americans needs an appendectomy at some time in his life.)

After weighing all these factors, one can easily conclude that the patient has little or nothing to lose and much to gain by the incidental appendectomy. It seems to me therefore that the procedure squares with the principle that mutilation is permissible for a proportionate reason. I have referred this case to quite a number of moral theologians. All agree with the conclusion.

This solution, of course, depends on the fulfillment of the conditions indicated: namely, the absence of added risk and inconvenience to the patient. The doctor himself must judge these conditions and follow the course that seems more beneficial to his patient.

Abuses?

It has been suggested that the argument just given might lead to the conclusion that a healthy appendix or healthy tonsils might licitly be removed *at any time*. I think that this conclusion is unwarranted.

In the case we have considered the appendix is removed without any added risk or inconvenience to the patient. In the circumstances, therefore, it is only a slight mutilation, and it actually takes away the danger of ever having to perform a complete appendectomy. But when a complete appendectomy is performed, the mutilation is not slight. And if this operation is performed on a healthy man, he is exposed to risk and inconvenience that he might never have to undergo. In other words, in the case of incidental appendec-

tomy, there is a proportionate reason for removing the appendix *at this time*, that is, while the necessary abdominal operation is in progress; there is no proportionate reason for performing the complete operation on the healthy man.

As for the tonsils, what reason can be assigned for removing them while they are healthy? They can easily be reached if ever they become diseased. Unless someone could assign some special reason for removing them *now* rather than waiting until their removal is necessary, there is no proportionate reason for the operation, and it is therefore an unjustifiable mutilation.

Further Observations

In the course of this discussion I have purposely passed over certain points in order to avoid confusing the main issues. It might be interesting and profitable to indicate these points before concluding the discussion.

1. In explaining the justifying reasons for mutilations I referred only to the physical well-being of the person to be mutilated. However, moralists universally consider that such things as blood transfusions and skin grafts are permissible for the good of others. Whether this principle of "helping the neighbor" can also justify more serious mutilations (e.g. the transplantation of ovarian tissue or of the cornea of an eye) is now a matter of discussion among theologians.

2. The right to mutilate for a proportionate reason is a personal right; it belongs to the individual who is to be mutilated and not to a third party or to the state (unless there be question of a just punishment for a crime). Technically, therefore, it is the patient, and not the doctor, who has the right to use some mutilating procedure; and the patient simply exercises this personal right through

the doctor. It follows from this that the doctor needs the consent, either explicit or at least reasonably presumed, of his patient, even for such a simple procedure as incidental appendectomy.

3. When I said that the removal of healthy tonsils or the performance of a complete appendectomy on a healthy man cannot be morally justified, I was referring to *usual* circumstances, that is, to the case of a person who can always get competent medical attention if he needs it. In his article, "Surgery for the Healthy," Father Connell considers the very unusual case of a person who is about to depart for the foreign missions and who would not be able to get competent medical treatment in case his appendix should cause trouble. Father Connell thinks it probable that such a man could licitly have his healthy appendix removed before he starts for the missions. I agree with Father Connell, because I think that in such a special case there is a good reason for having the appendectomy *now*. As Father Connell mentions, however, many theologians would probably not agree with us.

Conclusion

I have covered all the odds and ends that pertain to this discussion; hence I can conclude with this brief answer to the question: The removal of an apparently healthy appendix during the course of an abdominal operation for some other purpose is morally justifiable when, all things considered, it confers a proportionate benefit on the patient. It should not be done, however, without at least the reasonably presumed consent of the patient. Moreover, the justification of this procedure should not lead to the conclusion that a complete appendectomy or a tonsillec-

tomy may be performed at any time on a healthy man; on the contrary, except in unusual circumstances, there is no moral justification for these practices.

References

Moral Problems in Hospital Practice, by Father Patrick Finney, C.M., pp. 165-66. Father Finney allows the removal of an apparently healthy appendix during the course of an abdominal operation for another purpose because the presence of the appendix after the operation "constitutes a probable danger of adhesions that may render a second abdominal operation necessary." I am not sure of the medical value of this reason; hence I did not wish to use it as an argument. I might add here that one doctor told me it would be hard to say when an appendix is "healthy." Of course, if there is some doubt about this, that would be a special reason for performing the incidental appendectomy.

Moral Guidance, by Edwin F. Healy, S.J., pp. 184, 308. In this volume Father Healy proposes some problems concerning the removal of a healthy appendix or healthy tonsils. In *Teacher's Manual for Moral Guidance* (pp. 39, 77), Father Healy solves these problems. His solutions are the same as those given in my discussion: namely, that usually there is not sufficient reason for removing healthy tonsils or for performing a complete appendectomy on a healthy man.

The Morality of Organic Transplantation, by Bert J. Cunningham, C.M. Father Cunningham's thesis is that transplantation may be permitted as an act of charity toward the neighbor. Some prominent theologians who have written in recent years incline favorably toward Father Cunningham's thesis. His book also contains a good discussion of the notion of mutilation.